

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>4/19/04</u>		2 Serial/Patent # <u>10/718,844</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time			\$
	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	/	3/3/04	\$ 130.00
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 130.00
10 REASON:		8 TO BE REFUNDED BY:		
	Overpayment	<input type="checkbox"/> Treasury Check		
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 0 2 -- 0 6 6 0		
<div style="font-family: cursive; font-size: 1.2em;">post card receipt. no omitted items</div>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Patricia Farson-Ball</u>		TITLE: <u>Attorney</u>		
SIGNATURE: <u>Patricia Farson-Ball</u>		PHONE: <u>305 4497</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		DATE: <u>4-18-04</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Overpayment		Credit Deposit A/C #:		
<input checked="" type="checkbox"/>	Duplicate Payment	9 0 2 -- 0 6 6 0		
No Fee Due (Explanation):				
error on part of PTO				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Patricia Taylor-Ball</u>		TITLE: <u>Attorney</u>		
SIGNATURE: <u>Patricia Taylor-Ball</u>		PHONE: <u>305 4497</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>Clara Kelly</u>		DATE: <u>4-19-04</u>		

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